



MDPP Billing and Payment Structure

Following the Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Changes

Date: January 18, 2024

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Presentation Outline

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MDPP Overview

The Centers for Medicare & Medicaid Services' (CMS) Medicare Diabetes Prevention Program (MDPP) is an evidence-based behavioral intervention that aims to prevent or delay the onset of type 2 diabetes for eligible Medicare beneficiaries diagnosed with prediabetes.

MDPP focuses on preventing the onset of type 2 diabetes through a combination of diet, physical activity, and weight loss.

- The primary goal is to help Medicare beneficiaries achieve at least 5% weight loss.
- MDPP covers up to 1 year of interactive sessions delivered to groups of eligible beneficiaries.
- There are no out of pocket costs for fee-for-service (FFS) beneficiaries.

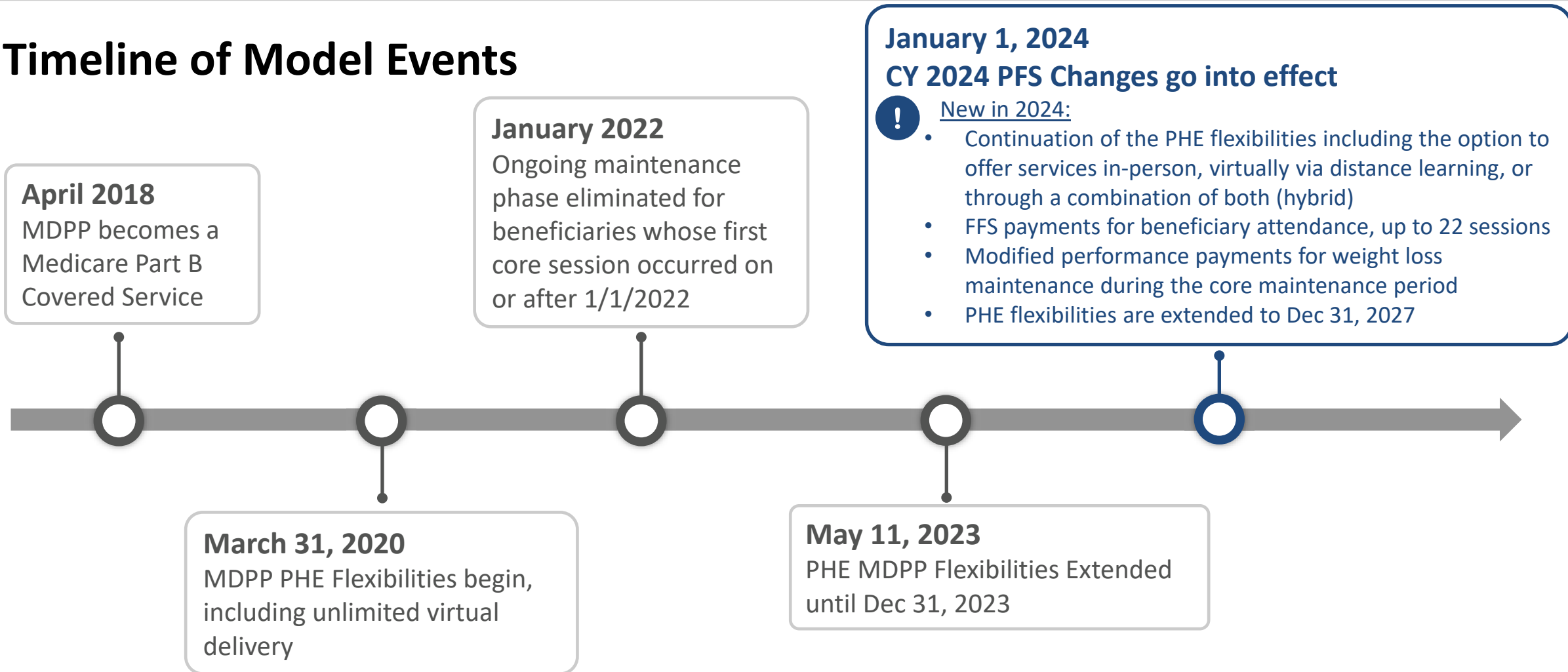


New in 2024: MDPP suppliers can now bill Medicare for each session attended (up to 22 sessions) during the 12-month period of MDPP services. Suppliers may also still receive performance payments for weight loss maintenance during each session in the core maintenance period.

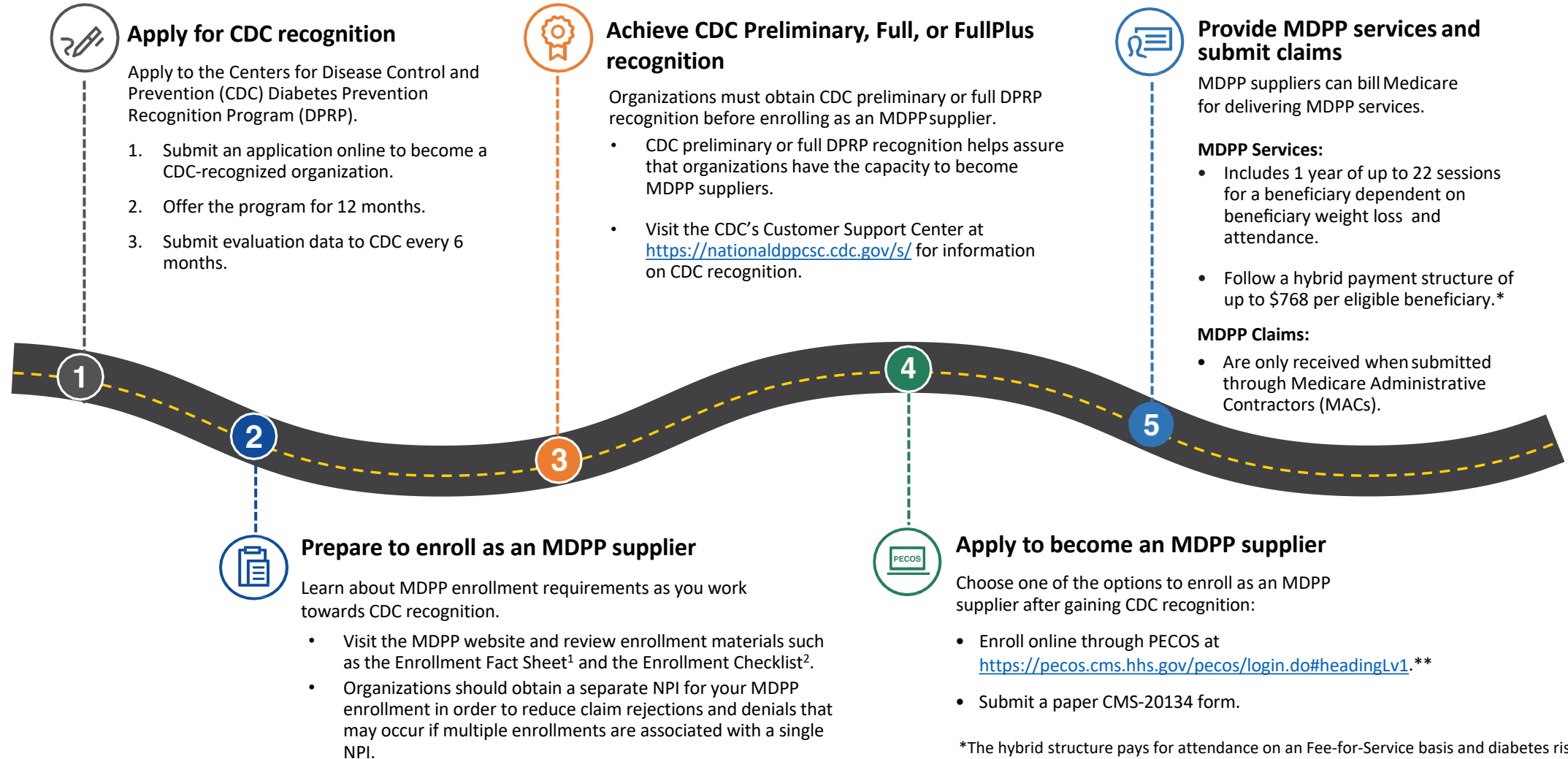


MDPP Overview Continued: Model Summary

Timeline of Model Events



MDPP Overview Continued: MDPP Journey



¹ <https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf>; ² <https://innovation.cms.gov/Files/x/mdpp-enrollmentcl.pdf>

*The hybrid structure pays for attendance on an Fee-for-Service basis and diabetes risk reduction (weight loss), on a performance basis
**Recommended

MDPP Overview Continued: Session Contents and Timeline

- All MDPP sessions must follow a CDC-approved curriculum
- A referral is not required for a beneficiary to enroll in MDPP
- During the PHE flexibilities extension, MDPP suppliers may furnish MDPP services virtually and in-person
 - Virtual services must be furnished in a manner that is consistent with the CDC DPRP standards for distance learning sessions
 - Suppliers must maintain an in-person DPRP organizational code, even if providing distance learning services only

Months 1-6: Core Sessions

Up to 16 weekly sessions



Months 7-12: Core Maintenance Sessions

Up to 6 monthly sessions



MDPP Overview Continued: Distance Learning

New in 2024:



- Distance learning is defined as “an MDPP session that is delivered by trained Coaches via remote classroom and is furnished in a manner consistent with the DPRP Standards for distance learning sessions.
 - The Coach provides live (synchronous) delivery of session content in one location and participants call-in or video-conference from another location.”
 - Suppliers may offer MDPP sessions in-person, virtually via distance learning, or through a combination of both (hybrid).

MDPP Overview Continued: Beneficiary Eligibility

The following information should be confirmed for each beneficiary before they start their first session:

1 MDPP Eligibility

- a. Beneficiaries must have Medicare Part B coverage through Original Medicare (FFS) or a Medicare Advantage (MA) plan
- b. Results from one of three blood tests conducted within one year before the first core session:
 - i. Hemoglobin A1c test with a value of 5.7-6.4%
 - ii. Fasting plasma glucose test with a value of 110-125 mg/dl
 - iii. Oral glucose tolerance test with a value of 140-199 mg/dl
- c. A body mass index (BMI) of at least 25, 23 if self-identified as Asian

2 Beneficiary Information

- a. Beneficiary Name
- b. Medicare Beneficiary Identifier (MBI)
- c. Age

3 Self-Reported Information

- a. Asian ethnicity
- b. History of type 1 or type 2 diabetes (other than gestational)*
- c. Development of ESRD**

*** A beneficiary reporting this information is ineligible for MDPP



New in 2024: Expanded coverage of diabetes screening tests to include the Hemoglobin A1C (HbA1c) test.

MDPP Overview Continued: Supplier Payment

Medicare payments compensate MDPP suppliers for:

1. **Attendance:** furnishing MDPP services to eligible beneficiaries

- MDPP Suppliers may bill for a maximum attendance of 22 sessions, including up to 16 weekly sessions in months 1-6, and up to 6 monthly sessions in months 7-12

2. **Performance:** participants achieving diabetes risk reduction (weight-loss) milestones

- Includes 5% weight loss, 9% weight loss, and maintenance of 5% weight loss in the core maintenance phase
- MDPP suppliers must collect beneficiary body weight measurements at each MDPP session, per the CDC DPRP Standards, which will allow suppliers to document baseline weight and achievement of any weight-loss performance goals

3. **Supplying services to a beneficiary who received services from another supplier (Bridge Payment):** received in conjunction with providing a first session as the new supplier to a beneficiary who previously received MDPP services from another MDPP supplier

MDPP FFS Payment and Billing Structure: G-Codes

	CORE SESSIONS	CORE MAINTENANCE SESSIONS
	MONTHS 1-6 (MAX 16 SESSIONS)	MONTHS 7-12 (MAX 6 SESSIONS)
Fee-For-Service Payments	G9886 (\$25): MDPP beneficiary attended a session in-person for 60 minutes	
	G9887 (\$25): MDPP beneficiary attended a session through distance learning for 60 minutes	
Performance Payments	G9880 (\$145): MDPP beneficiary achieved 5 percent weight loss from baseline weight	
	G9881 (\$25): MDPP beneficiary achieved 9 percent weight loss from baseline weight	
		G9888 (\$8): MDPP beneficiary maintained 5 percent weight loss from baseline weight in months 7-12
Other Payments	G9890 (\$25): Bridge payment: A one-time payment for the first MDPP core session or core maintenance session furnished by a new MDPP supplier when an MDPP beneficiary switches suppliers during months 1–12	

MDPP FFS Payment and Billing Structure: G-Codes Continued



New in 2024:

- MDPP suppliers are paid per MDPP session to simplify the billing process. There is no longer a virtual modifier, instead the G-codes indicate whether a session was provided in-person (G9886) or via distance learning (G9887).
- Per the final rule, any claims for 5% or 9% weight loss (G9880 or G9881) with a DOS on January 1, 2024, or later should also have an attendance claim (G9886 or G9887) with the same DOS as the weight loss claim.
- If the 5% or 9% weight loss (G9880 and G9881) is based on a virtual weight collection associated with a distance learning session, then G9887 (distance learning G-code) should also be submitted with weight loss claim.

MDPP FFS Payment and Billing Structure:

Claims Submission Timing

- Up to a maximum of 22 sessions may be billed, including up to 16 weekly sessions in months 1-6 and up to 6 monthly sessions in months 7-12.
- Given the CY 2024 payment schedule, which pays for attendance on a fee-for-service basis, you are encouraged to schedule make-up sessions on a day other than a regularly scheduled session to avoid claims being rejected or denied by your MAC.
- G9880 (5% weight loss) must occur prior to G9888 (maintenance of 5% weight loss in the 6 MDPP sessions in the core maintenance phase) and cannot be used with the same DOS.
- DOS for all G9888 (maintenance of 5% weight loss) must be within the last 6 months of the MDPP services period.
- G9890 (bridge payment) should be billed in combination with the first session (billed with the attendance G-codes G9886 or G9887) provided to a beneficiary who has transferred from receiving MDPP services from one supplier to receiving MDPP services from a different supplier.
- All claims must be submitted within one year from the DOS.

MDPP FFS Payment and Billing Structure: 2023-2024 Claims Transition

- All claims with DOS on or before December 31, 2023 should follow the CY 2023 Fee Schedule, while claims with DOS on or after January 1, 2024 should follow the CY 2024 Fee Schedule
- Non-payable sessions with CY 2023 DOS do not contribute to the paid sessions count after the CY 2024 fee schedule takes effect. Only the paid attendance-based performance payments with CY 2023 DOS are counted to determine the number of remaining sessions payable for a beneficiary as of January 1, 2024.
- To limit the need for claims reprocessing and potential recoupment of payments made in error:
 - Submit claims with DOS in CY 2023 as soon as possible
 - Wait to submit claims with DOS in CY 2024 until all claims with DOS in CY 2023 are submitted
 - Do not submit claims for more than the maximum number of payable sessions (22)

More information on the CY2023-2024 Payment Transition is available on request (send your request to mdpp@cms.hhs.gov) and will be posted soon to the MDPP website.

MDPP FFS Payment and Billing Structure: 2023 to 2024

	Session #	Billing for Services with DOS in CY 2023	Billing for Services with DOS in CY 2024
Core Sessions	1	G9873: Billable after 1 session attended	G9886: Behavioral counseling for diabetes prevention, in-person, group, 60 minutes or G9887: Behavioral counseling for diabetes prevention, distance learning, 60 minutes
	2-3	G9891: Non-payable, used only to report attendance at sessions not associated with a performance goal	
	4	G9874: Billable after 4 sessions attended	
	5-8	G9891	
	9	G9875: Billable after 9 sessions attended	
	10-16	G9891	
Core Maintenance Sessions	17	G9891	G9886 (in-person counseling) or G9887 (distance learning counseling) G9888: if maintained 5% weight loss from baseline
	18	G9876 or G9878: Billable if 2 of the three sessions (17, 18, and 19) are offered	
	19	G9891	
	20	G9891	
	21	G9877 or G9879: Billable if 2 of the three sessions (20, 21, and 22) are offered	
	22	G9891	

Unchanged G-Codes:

- **G9890:** Bridge Payment
- **G9880:** 5% weight loss achieved from baseline weight
- **G9881:** 9% weight loss achieved from baseline weight

Communicating with Medicare Administrative Contractors (MACs): Introducing MACs

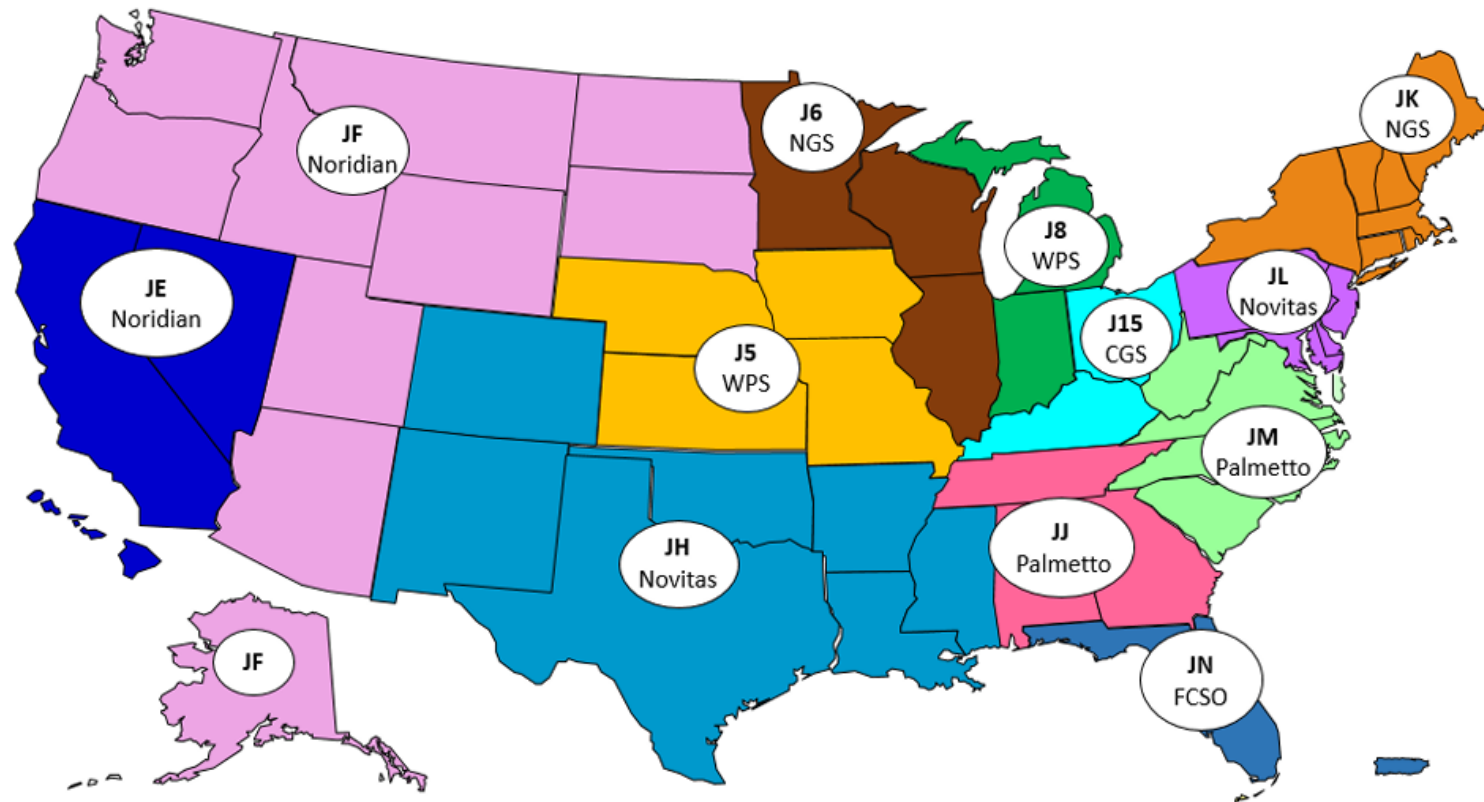
- **What are MACS?**
 - MACs process Medicare enrollment applications and claims for Medicare FFS providers and suppliers in their assigned state(s)
- **What do MACs do?**
 - Review and process enrollment applications;
 - Process of FFS Medicare claims;
 - Respond to inquiries; and
 - Provide information on billing and coverage requirements

You should contact your MAC if you have questions about enrolling in Medicare or submitting MDPP claims.

Communicating with Medicare Administrative Contractors (MACs): Identifying MACs

Each MAC covers a specific jurisdiction - contact the MAC in your jurisdiction for FFS billing and payment support

The 12 A/B MAC Jurisdictions, March 2023



Find your MAC Provider Portal by state here:

<https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf>

Find your MAC's contact information here:

<https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html>

Working with MACs is key to billing success:

We strongly encourage you to visit your MAC's website and contact your MAC soon after your Medicare enrollment is approved to ensure proper set up of your claim submission systems and procedure.

Multiple MACs: if an MDPP supplier has billing locations in multiple states, the MDPP supplier may work with more than one MAC.

MDPP FFS Claim Submission



1. Use a Vendor/Third Party Billing Agent:

Providers and suppliers may use a third-party billing agent to manage billing and payment processes on their behalf. If using a billing agent, the billing agent's information must be listed on your **MDPP Enrollment Application** (at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf>).

OR

2. Self-Submit Claims:



If not using a billing agent, a MDPP supplier can submit claims to its MAC directly. The MDPP supplier must install claims software and obtain a submitter ID from the MAC(s). Organizations may obtain **PC-Ace Pro 32** claims submission software (at <http://www.edissweb.com/cgp/software/pace.html>) or other recommended software from their MACs.

Note: *Please contact your MAC for additional information on claims software.*

MDPP FFS Claim Submission

Each claim (regardless of how it is submitted) should contain the following:

- Demo Code (82)
- Billing Provider/MDPP supplier organizational National Provider Identifier (NPI)
- Rendering Provider/Coach information for each session including NPI
- International Classification of Diseases, 10th Revision (ICD-10) diagnosis code.
 - MDPP suppliers can get the appropriate ICD-10 diagnosis code from a referral or can use the most appropriate ICD-10 code that captures the nature of the encounter (e.g., Z71.89, Other specified counseling).
- Date of service (DOS) for each MDPP session
- Beneficiary first name, last name, and Medicare Beneficiary Identifier (MBI)
- HCPCS G-Code for each MDPP service
- Place of Service (POS) code to indicate where the MDPP service was furnished
 - e.g., “Office” (11), “Outpatient Facility Code” (19 or 22), or “Other” (99) if the service was furnished in a community setting or as a distance learning session
 - For MDPP billing, you may list the currently enrolled location (not the coach’s home address) as the POS

MDPP Medicare Part C Payment and Billing: In-Network vs. Out-of-Network

- Reach out to MAOs directly for guidance on requesting payment for MDPP services provided to a plan's eligible enrollee
- MA plans may offer supplemental benefits, such as extended length of coverage for MDPP services

In-Network

- MDPP Supplier contracts with an MA plan
- MDPP Supplier is paid based on their contract with an MA plan
- MDPP services are provided without beneficiary cost sharing

Out-of-Network

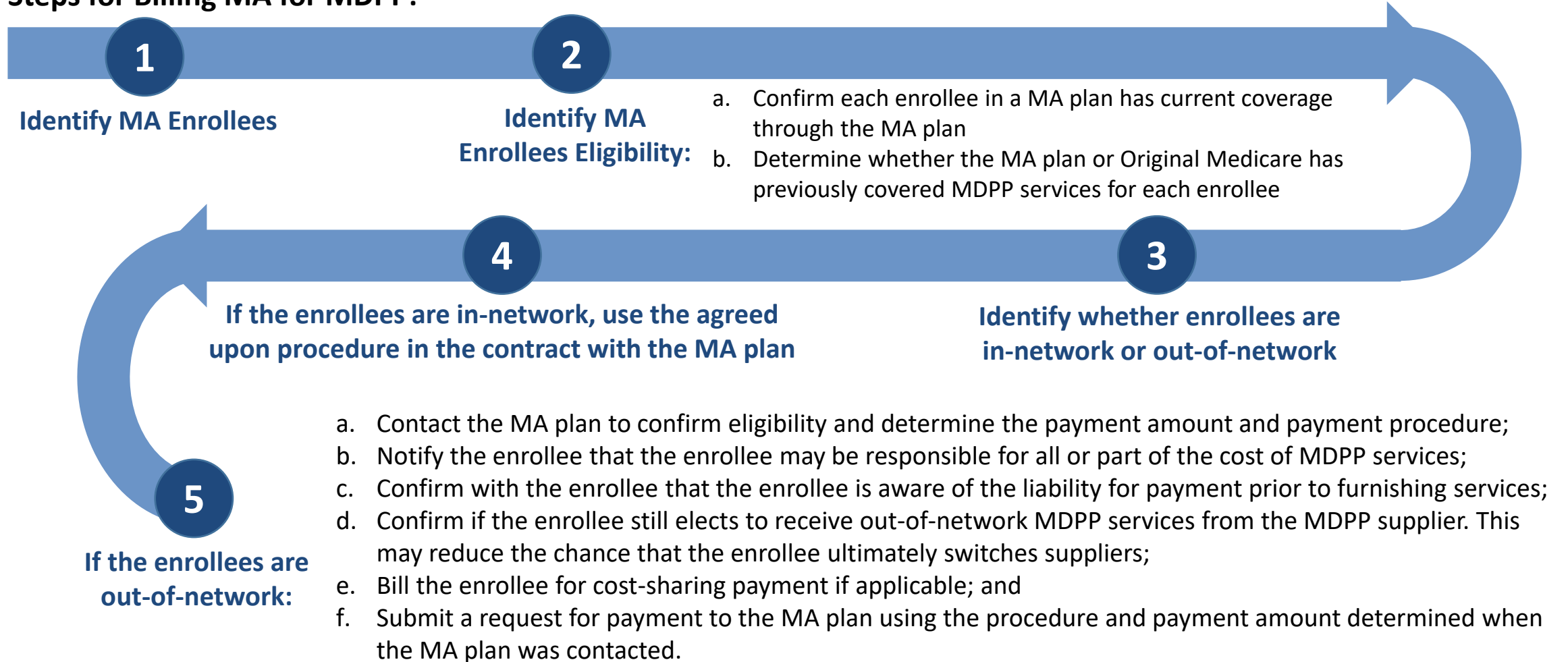
- MDPP Supplier coordinates out-of-network coverage
- MDPP Supplier is entitled to the amount FFS provides, less any cost-sharing required to be paid by the beneficiary under the terms of the beneficiary's plan
- MDPP services can be provided with beneficiary cost-sharing, but must be provided without beneficiary cost-sharing if the MA plan has no in-network MDPP Suppliers



More resources and support for working with MAOs will be developed in CY 2024

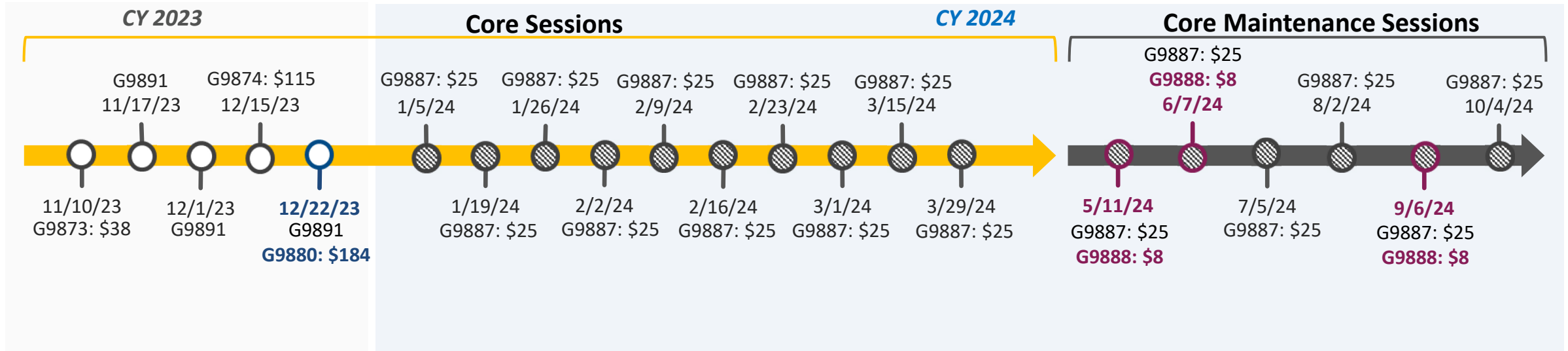
MDPP Medicare Part C Payment and Billing

Steps for Billing MA for MDPP:



MDPP FFS Billing Use Case 1 (Billing from CY 2023 to 2024)

Wayne attends 5 MDPP in-person core sessions from 11/10/2023 to 12/22/2023. After his fifth session, Wayne's car breaks down and he attends all his remaining sessions via distance learning (10 core sessions from 1/5/2024 to 3/29/2024 and 6 core maintenance sessions from 5/11/2024 to 10/4/2024). He meets the 5% WL threshold on 12/22/2023, and maintains 5% WL at 3 of the 6 core maintenance sessions he attends.



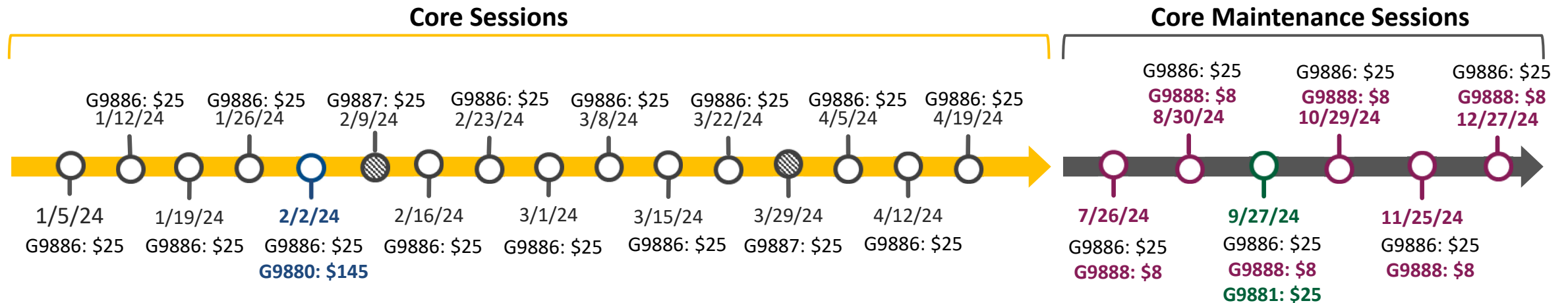
Beneficiary Service Period: 11/10/23 – 11/9/24

Total Supplier Payment for Beneficiary: \$761

- In-Person Session
- Meets 5% WL
- Distance Learning Session
- Maintains 5% WL

MDPP FFS Billing Use Case 2

Maria attends 16 MDPP core sessions at her local community center from 1/5/2024 to 4/19/2024 and 6 core maintenance sessions from 7/26/2024 to 12/27/2024. She meets the 5% WL threshold on 2/2/2024, meets the 9% WL threshold on 9/27/2024, and maintains 5% WL at all 6 core maintenance sessions she attends.

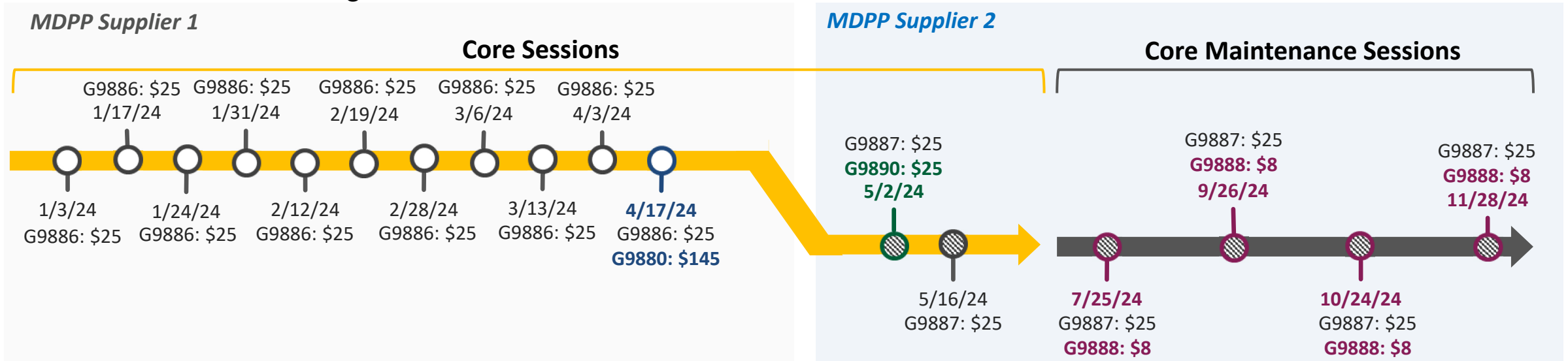


Beneficiary Service Period: 1/5/24 – 1/4/25
Total Supplier Payment for Beneficiary: \$768

- In-Person Session
- Meets 5% WL
- ▨ Distance Learning Session
- Meets 9% WL
- Maintains 5% WL

MDPP FFS Billing Use Case 3 (Bridge Payment)

Jack attends 11 MDPP in-person core sessions with one supplier from 1/3/2024 to 4/17/2024, meeting the 5% WL threshold on 4/17/2024. He then decides he prefers a different MDPP supplier that is offering distance learning and switches to them. Jack completes 2 additional distance learning core sessions on 5/2/2024 and 5/16/2024 and 4 distance learning core maintenance sessions from 7/25/2024 to 11/28/2024. He maintains the 5% WL threshold during all 4 core maintenance sessions he attends.



Beneficiary Service Period: 1/3/24 – 1/2/25

Total MDPP Supplier 1 Payment for Beneficiary: \$420

Total MDPP Supplier 2 Payment for Beneficiary: \$207

- In-Person Session
- Meets 5% WL
- Distance Learning Session
- Maintains 5% WL
- Bridge Payment

MDPP FFS Claim Submission: Reminders



Remember these MDPP-specific billing requirements:

- Must enroll separately in Medicare as an MDPP supplier to bill for MDPP services
- Requesting a MDPP-specific NPI is encouraged, even if your organization has an existing NPI
- Use the MDPP-specific NPI to bill for MDPP services only
 - Claims submitted to Medicare may not contain non-MDPP HCPCS and MDPP HCPCS codes on the same claim form, though MDPP claims may include multiple MDPP HCPCS G-codes on a claim for a single beneficiary
- Only bill Medicare for MDPP-eligible beneficiaries
 - MDPP suppliers are **not** allowed to bill Medicare for participants ineligible for MDPP

Post-Claim Submission



- After the MAC processes the claim, you will get either an Electronic Remit Advice (ERA) or a Standard Paper Remit (SPR) with final claim adjudication and payment information
- An ERA or SPR usually:
 - Includes itemized adjudication decisions about multiple claims
 - Reports the reason and value of each adjustment to the billed amount on the claim
- If there are no issues with the claim, you will be paid no sooner than 13 days after filing electronically (payment on the 14th day or after) or no sooner than 28 days after filing using paper (payment on the 29th day or after)
- MDPP suppliers must complete an Electronic Funds Transfer (EFT) authorization form as a part of the initial MDPP enrollment and will get payments via EFT.

Post-Claim Submission: Rejected or Denied Claims



- If you receive a denied or returned claim from the MAC:
 - review the documentation sent from the MAC; and
 - contact your MACs for claims-specific questions.
- If a claim is unable to be processed, you must correct the errors and submit a new claim
- If a claim is denied, you can file an appeal if you think the claim was denied incorrectly
 - Check your MAC's website for more information on how to appeal a denied claim
- Some MACs offer MDPP specific resources and educational events
 - Suppliers can visit their MACs' websites and join their listservs to learn more

Questions?

Please contact the CMS MDPP team with any further questions at <https://cmsorg.force.com/mdpp>.

MDPP Resources and General Medicare Claim Submission Resources

Topic	Resource	Description
MDPP Resources	MDPP Website	http://go.cms.gov/mdpp
	MDPP Supplier Support Center	https://cmsorg.force.com/mdpp
	MDPP Orientation Video	https://www.youtube.com/watch?v=23jNI6EgnfM
	MDPP Enrollment Preparation Guide	https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf
	MDPP FAQs	https://www.cms.gov/priorities/innovation/innovation-models/medicare-diabetes-prevention-program/faq
MDPP FFS claims forms and submission	How to Verify an MDPP Beneficiary's Medicare Coverage	https://www.cms.gov/priorities/innovation/files/x/mdpp-verify-medicare-coverage.pdf
	2024 MDPP Billing and Payment Fact Sheet*	https://www.cms.gov/files/document/mdpp-ffs-bill-pay-fs-2024.pdf
	2024 MDPP Billing and Payment Cheat Sheet	https://www.cms.gov/files/document/mdpp-billing-claims-cheat-sheet-2024.pdf
	2024 Payment Transition Guidance	"Coming Soon"
	2024 PFS MDPP Changes Factsheet	https://www.cms.gov/priorities/innovation/media/document/mdpp-pfs-proposed-rule-fs-cy2024
General MA Claims Submission Assistance	MDPP Medicare Advantage Fact Sheet	https://innovation.cms.gov/Files/fact-sheet/mdpp-ma-fs.pdf
	Guidance for Medicare Advantage Plans from CY 2018 PFS	https://www.cms.gov/priorities/innovation/files/x/mdpp-maguidance.pdf

* New suppliers should review this document first

MDPP Resources and General Medicare Claim Submission Resources

Topic	Resource	Description
Communicating with MACs	What's a MAC?	https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/whats-mac#WhatIsAMac
	Find my MAC's contact information	https://www.cms.gov/mac-info
	Who are the MACs?	https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs#MapsandLists
	A/B MAC Jurisdiction Map	https://www.cms.gov/files/document/ab-jurisdiction-map03282023pdf.pdf
General FFS Medicare Claims Submission Assistance	CMS Transmittals Website	https://www.cms.gov/medicare/regulations-guidance/transmittals
	Electronic Health Care Claims	https://www.cms.gov/medicare/coding-billing/electronic-billing/electronic-healthcare-claims
	Medicare Learning Network (MLN) Booklet – Medicare Billing: Form CMS-1500 and the 837 Professional	https://www.cms.gov/files/document/mln006976-medicare-billing-837p-form-cms-1500.pdf
	Medicare Claims Processing Manual	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912?DLPage=1&DLSort=0&DLSortDir=ascendin
	Electronic Funds Transfer	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html
	Electronic Remit Advice and Standard Paper Remit	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html